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APPENDIX C

POPULATION

<p>1. Write this person's name. First or given name Surname • For unnamed baby, write "Baby" and surname.</p>	<p>8. Where was this person's usual residence five years ago (i.e. at 30 June 1971)? Same as in question 6 <input type="checkbox"/> 1 → Go to question 9 Same as in question 7 <input type="checkbox"/> 2 Elsewhere <input type="checkbox"/> 3</p> <p>↓ State full address of usual residence five years ago. • If overseas write "O" instead of address; if this person is less than 5 years old, write "N/A" Number and street Suburb, town or locality Name of local council State Postcode</p>
<p>2. Sex: • Tick the appropriate box. Male <input type="checkbox"/> or Female <input type="checkbox"/></p>	<p>9. Write the country of birth of this person's father and mother. Father Mother</p>
<p>3. Write this person's age in years and completed months. • If age is less than 1 year write "O" years and number of completed months. years months</p>	<p>10. Where was this person born? • If born in Australia write the State or Territory and go to question 13. • If born overseas write the country and go to question 11. Born in</p>
<p>4. Relationship: • If this person is living in a private dwelling show whether he/she is related to the head of the household or Person 1 as shown on the Householder's Schedule, e.g. husband, wife, defacto spouse, mother, son, daughter, son-in-law, brother, sister, grandson, grand-daughter, uncle, nephew. • If not related to the head of the household or Person 1 write whether boarder, visitor, co-tenant, etc. • If living in a non private dwelling write whether hotel guest, patient, prisoner, employee, etc.</p>	<p>11. Write the country of citizenship of this person. • If naturalised, registered or granted Australian citizenship write "Australia". • Other persons (whether of British nationality or not) should write their country of citizenship. Citizen of</p>
<p>5. What is this person's marital status? • Tick one box only. Never married <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Married but permanently separated <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5</p>	<p>12. Is this person a resident of or visitor to Australia? Resident <input type="checkbox"/> → Give date of <u>first</u> arrival in Australia as a resident Month Year or Visitor <input type="checkbox"/> → Give date of arrival in Australia <u>on this visit</u> Month Year</p>
<p><small>Note: • "Usual residence" is that address at which a person has lived for the last 6 months or intends to live for any period of 6 months or more. • In question 6 any person who now has no usual residence should tick box 1 and go to question 7. • In questions 7 and 8 any person who did not have a usual residence on 30 June 1975 or 1971 should give the address at which they were then living.</small></p>	
<p>6. Where does this person usually live? This address <input type="checkbox"/> 1 → Go to question 7 Elsewhere <input type="checkbox"/> 2</p> <p>↓ State full address of usual residence. • If usual residence is overseas write only name of country of usual residence and then go to Question 7 Number and street Suburb, town or locality Name of local council State Postcode</p>	<p>13. What is this person's religious denomination? • If no religion write "None". Religion</p>
<p>7. Where was this person's usual residence one year ago (i.e. at 30 June 1975)? Same as in question 6 <input type="checkbox"/> 1 → Go to question 8 Elsewhere <input type="checkbox"/> 2</p> <p>↓ State full address of usual residence one year ago. • If overseas write "O" instead of address; if this person is less than 1 year old, write "N/A" Number and street Suburb, town or locality Name of local council State Postcode</p>	<p>14. Has this person been away from home ON A HOLIDAY for a week or more since 30 June 1975? Yes <input type="checkbox"/> or No <input type="checkbox"/></p>
<p>15. Is this person handicapped by a SERIOUS long-term illness or physical or mental condition? • If yes, tick appropriate boxes to show types of handicap. • If not handicapped tick box 8. • If no illnesses or conditions tick box 8.</p> <p>In his or her education <input type="checkbox"/> 1 In getting or holding a job <input type="checkbox"/> 2 In getting about alone <input type="checkbox"/> 3 In doing housework <input type="checkbox"/> 4 In sporting or recreational activities <input type="checkbox"/> 5 In acts of daily living, e.g. dressing, bathing <input type="checkbox"/> 6 In other ways <input type="checkbox"/> 7 Not handicapped <input type="checkbox"/> 8</p>	<p>16. Is this person's life insured with a life assurance company? Yes <input type="checkbox"/> or No <input type="checkbox"/></p>

If this person is under 6 years old, answer question 17.

17. Is this child minded by someone other than his/her parent(s) for some part of each working day?

- Tick boxes which apply.

Yes — at child-care centre (including child-minding centres, pre-schools, day care centres, creches, day nurseries, play groups) ☐ 1
 Yes — at home (not by child's parents) ☐ 2
 Yes — at another's home ☐ 3
 Yes — elsewhere ☐ 4
 No ☐ 5

18. What is this person's racial origin?

- If of mixed origin, indicate the one to which this person considers himself/herself to belong.

- Tick one box only.

European origin ☐ 1 Torres Strait
 Islander origin ☐ 3
 Aboriginal origin ☐ 2 Other origin ☐ 4

State one only.....

IF THIS PERSON IS UNDER 5 YEARS OF AGE NO MORE QUESTIONS

ANSWER QUESTIONS 19 AND 20 IF THIS PERSON IS 5 YEARS OF AGE OR MORE

19. For this person tick boxes to show ALL languages regularly used.

- Include all languages regularly used whether at home, at work, at school, when shopping, etc.
- Remember: This person may use more than one language — tick each language used regularly.
- If an aboriginal tribal language is used, tick box 5 and write name of language.

English ☐ 1 German ☐ 4
 Italian ☐ 2 Other ☐ 5
 Greek ☐ 3

Please list.....

20. Attendance at any educational institution:

- Tick appropriate box.
- Include if a school pupil, full-time, part-time or external student.
- An educational institution may be an infants, primary or secondary school, correspondence school, university, college of advanced education, technical college, etc.
- Tick box 3 if person not attending.

Is this person —

Still attending school? ☐ 1
 Attending any other educational institution? ☐ 2
 Not attending? ☐ 3

Name of educational institution

Address

State

IF THIS PERSON IS UNDER 15 YEARS OF AGE NO MORE QUESTIONS

ANSWER THE REMAINING QUESTIONS IF THIS PERSON IS 15 YEARS OF AGE OR MORE.

21. Write the age at which this person left school.

- If this person did not go to school, tick box 1.
- If this person is still at school, tick box 2.

Age left school Years
 Did not go to school ☐ 1
 Still at school ☐ 2

22. Has this person obtained a trade or other qualification since leaving school?

- If still at school, tick box 3.

1 ☐ Yes
 2 ☐ No
 3 ☐ Still at school

State details of highest qualification:

Qualification name.....
 Awarding institution.....
 Field of study.....
 Year obtained.....

23. Is this person licensed to ride a motor bike or motor scooter?

Yes ☐
 or
 No ☐

24. Is this person licensed to drive a motor vehicle (other than motor bike or motor scooter)?

Yes ☐
 or
 No ☐

25. Which of these payments are received?

- For this person, tick all boxes which apply.
- If no payments received, tick box 10.

- Do not count refunds from private or government medical funds.

Superannuation or annuity ☐ 1
 War widow's pension ☐ 2
 Other war pension ☐ 3
 Repatriation service pension ☐ 4
 Age pension ☐ 5
 Invalid pension ☐ 6
 Widow's pension or Supporting mother's benefit ☐ 7
 Unemployment benefit ☐ 8
 Sickness or Special benefit ☐ 9
 None of these ☐ 10

26. Does this person pay into a retirement benefit scheme such as superannuation, provident fund or annuity?

Yes ☐
 or
 No ☐

- Tick "yes" also if payments are made by employer.

27. Does this person usually work for wages, salary, payment or profit in a job, business, profession, or on a farm?

Yes ☐
 or
 No ☐

28. If this person is a woman who has EVER been married, write the number of babies she has had from ALL her marriages.

- Include children she has adopted.
- Do not count still-births.
- If none, write "None".
- If never married write "N/A" and go to question 31.

Now living
 Not now living
 Total

29. If this person is a woman who is NOW married, write the length of her present marriage.

- If less than one year write "0".
- If not now married write "N/A" and go to question 31.

Number of years

30. If this person is a woman who is NOW married, write the number of babies she has had from her PRESENT marriage.

- Include children she has adopted.
- Do not count still-births.
- If none write "None".

Now living
 Not now living
 Total

31. For this person tick the appropriate box to show all income usually received each week from all sources.

- Count all income: e.g., include wages, salary, overtime, *child endowment*, pensions, superannuation, tips and gratuities, business or farm income (less expenses of operation), interest, scholarships.
- Do not deduct tax, superannuation, etc.
- If unable to estimate income on a weekly basis tick the appropriate box to show present income on an annual basis.

- | | |
|-------------------------------|-----------------------------|
| No income | <input type="checkbox"/> 1 |
| Less than \$29 p.wk. | <input type="checkbox"/> 2 |
| Less than \$1500 p.yr. | <input type="checkbox"/> 3 |
| \$29 to \$39 p.wk. | <input type="checkbox"/> 4 |
| \$1500 to \$2000 p.yr. | <input type="checkbox"/> 5 |
| Over \$39 to \$58 p.wk. | <input type="checkbox"/> 6 |
| Over \$2000 to \$3000 p.yr. | <input type="checkbox"/> 7 |
| Over \$58 to \$77 p.wk. | <input type="checkbox"/> 8 |
| Over \$3000 to \$4000 p.yr. | <input type="checkbox"/> 9 |
| Over \$77 to \$96 p.wk. | <input type="checkbox"/> 10 |
| Over \$4000 to \$5000 p.yr. | <input type="checkbox"/> 11 |
| Over \$96 to \$115 p.wk. | <input type="checkbox"/> 12 |
| Over \$5000 to \$6000 p.yr. | <input type="checkbox"/> 13 |
| Over \$115 to \$135 p.wk. | <input type="checkbox"/> 14 |
| Over \$6000 to \$7000 p.yr. | |
| Over \$135 to \$154 p.wk. | |
| Over \$7000 to \$8000 p.yr. | |
| Over \$154 to \$173 p.wk. | |
| Over \$8000 to \$9000 p.yr. | |
| Over \$173 to \$231 p.wk. | |
| Over \$9000 to \$12000 p.yr. | |
| Over \$231 to \$288 p.wk. | |
| Over \$12000 to \$15000 p.yr. | |
| Over \$288 to \$346 p.wk. | |
| Over \$15000 to \$18000 p.yr. | |
| Over \$346 p.wk. | |
| Over \$18000 p.yr. | |

32. Did this person do any work at all LAST WEEK?

- Tick one box only.

- | | | |
|--|----------------------------|----------------------------|
| Yes, worked for wages, salary, payment or profit | <input type="checkbox"/> 1 | → Go to question 36 |
| Yes, but did unpaid work only | <input type="checkbox"/> 2 | → Go to question 33 |
| Did not work | <input type="checkbox"/> 3 | → Go to question 33 |

If this person ticked boxes 2 or 3 in question 32, please answer questions 33 and 34 and 35.

33. Did this person have a full-time or part-time job, business, profession or farm of any kind LAST WEEK?

- | | |
|--|----------------------------|
| Yes, had a paid job, a business, a profession or farm last week (even if on holidays, sick, on strike, etc.) | <input type="checkbox"/> 1 |
| Yes, helped without pay in a family business | <input type="checkbox"/> 2 |
| Other unpaid job | <input type="checkbox"/> 3 |
| Did not have any job, business, profession or farm last week | <input type="checkbox"/> 4 |

34. Was this person temporarily laid off by their employer without pay for the WHOLE of last week?

- Yes ☐
- or
- No ☐

35. Did this person look for work last week?

- *Looking for work* means being registered with the Commonwealth Employment Service, approaching a prospective employer, placing or answering advertisements, writing letters of application or awaiting the results of recent applications.
- | | |
|----------------------------|----------------------------|
| Yes, looking for first job | <input type="checkbox"/> 1 |
| Yes, but not for first job | <input type="checkbox"/> 2 |
| No | <input type="checkbox"/> 3 |

36. How many hours PER WEEK does this person usually work in the job or jobs held last week?

Main job hours per week

Other job(s) hours per week

37. In the main job held last week was this person —

- Tick one box only.
- | | |
|---|----------------------------|
| a wage or salary earner? | <input type="checkbox"/> 1 |
| conducting own business but not employing others? | <input type="checkbox"/> 2 |
| conducting own business and employing others? | <input type="checkbox"/> 3 |
| a helper not receiving wages or salary? | <input type="checkbox"/> 4 |

38. In the main job held last week what was this person's occupation?

- Describe as fully as possible using two or more words (e.g. builder's labourer).
- Where possible, give award or government designation.
- If a member of the armed services, please state rank.

Occupation

39. For the main job held last week print employer's trading name and address of workplace.

- If self-employed print name of own business.
- If a teacher please print name of school.
- If a government employee please print full name of department.
- A person with no fixed place of work last week, e.g. taxi-driver, airline pilot, etc., print "N/A".

USE BLOCK LETTERS

Employer's (or own) trading name

Name of Division, Branch or Section (if any) in which this person worked

Address of workplace:

Number and street

Suburb or town

State Postcode

40. What kind of industry, business or service is carried out at that address? (i.e. the address given in reply to question 39)

- Use two or more words, e.g. dairy farming, road construction, retail grocery.

Kind of industry

41. How did this person get to work on Tuesday 29 June 1976?

- Tick boxes to show methods used.

- | | | | |
|------------------|----------------------------|-----------------------------|-----------------------------|
| Train | <input type="checkbox"/> 0 | Motor bike or motor scooter | <input type="checkbox"/> 6 |
| Bus | <input type="checkbox"/> 1 | Bicycle | <input type="checkbox"/> 7 |
| Ferry or tram | <input type="checkbox"/> 2 | Worked at home | <input type="checkbox"/> 8 |
| Taxi | <input type="checkbox"/> 3 | Did not go to work | <input type="checkbox"/> 9 |
| Car—as driver | <input type="checkbox"/> 4 | Other | <input type="checkbox"/> 10 |
| Car—as passenger | <input type="checkbox"/> 5 | | |

Please state

How does this person usually get to work?

IF THIS PERSON TICKED BOXES 3 OR 4 IN QUESTION 33 NO MORE QUESTIONS

DWELLINGS

1. Tick the box which best describes this dwelling.

- Tick one box only.

- "Self-contained" means able to be completely closed off and with own cooking and bathing facilities.

- 1 ☐ A self-contained dwelling (e.g. separate house, semi-detached house, terrace house, self-contained flat, home unit, villa unit, town house)
- 2 ☐ A non self-contained dwelling (e.g. non self-contained flat, bedsitting room, non self-contained part of a detached house)
- 3 ☐ An improvised dwelling (e.g. shed, garage, humpy) occupied on a permanent or semi-permanent basis
- 4 ☐ A mobile dwelling (e.g. caravan, houseboat, tent)
- 5 ☐ None of these. Please describe

2. Is this dwelling joined to one or more other dwellings?

☐ Yes
or
☐ No → Go to question 3

How many dwelling units are there in the whole building?

- 2 units ☐ 1 6-8 units ☐ 5
- 3 units ☐ 2 9-16 units ☐ 6
- 4 units ☐ 3 17-32 units ☐ 7
- 5 units ☐ 4 33 or more units ☐ 8

3. Was this dwelling built after 30 June 1971?

Yes ☐ or No ☐

4. What is the material of the outer walls of this building?

- Tick one box only. If more than one, indicate main material.

- Brick, brick veneer ☐ 1 Metal ☐ 5
- Stone ☐ 2 Fibro, asbestos ☐ 6
- Concrete, concrete block ☐ 3 Other ☐ 7
- Timber ☐ 4

Please describe

5. What is the main source of water supply within this dwelling?

- Tick one box only.

- Piped from mains ☐ 1
- Piped from rain water tank ☐ 2
- Piped from other source ☐ 3
- No piped water within this dwelling ☐ 4

6. What is the method of sewage disposal for this dwelling?

- Flush toilet connected to public sewer ☐ 1
- Flush toilet connected to individual system, e.g. septic tank ☐ 2
- Sanitary pan collection ☐ 3
- Other ☐ 4

7. What fuel or power do you mostly use for the following household purposes?

- Tick one box in each of the four columns.

	Cooking	Lighting	Living room heating	Bathroom water heating
Coal, coke or briquettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3
Gas — i) mains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4
ii) bottled or L.P.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5
Oil (including kerosene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6
Solar energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7
Other fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8
No fuel used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 9

8. How many registered motor vehicles owned or used by members of this household were garaged or parked at or near this dwelling for the night of 30 June 1976?

- Exclude motor bikes, motor scooters, tractors.
- Include company vehicles kept at home.

None ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐

9. Is this dwelling situated on a holding of a hectare (2½ acres) or more which is used mainly for agricultural or pastoral purposes?

- That is for any type of crop growing, animal or poultry farming.

Yes ☐ or No ☐

10. How many rooms are there in this dwelling?

- Write the number of each type of room.
- Count each room once only.
- Except for kitchens and bathrooms, a room shared with another household should be counted only by the principal householder.
- Do not count toilets, pantries, laundries, storerooms, halls or corridors.

Type of Room:

	Number
Bedroom(s)	<input type="text"/>
Permanently enclosed sleepout(s)	<input type="text"/>
Bedsitting room	<input type="text"/>
Combined lounge/dining room	<input type="text"/>
Dining room	<input type="text"/>
Lounge	<input type="text"/>
Kitchen — used only by this household	<input type="text"/>
Kitchen — shared with another household	<input type="text"/>
Bathroom — used only by this household	<input type="text"/>
Bathroom — shared with another household	<input type="text"/>
Family room	<input type="text"/>
Study	<input type="text"/>
Business office	<input type="text"/>
Other rooms	<input type="text"/>

11. Do you or any usual member of this household pay rent for this dwelling?

- If instalment payments are made under purchase contracts, mortgage agreements, etc., do not regard as rented; such payments should be shown in question 12.

☐ Yes
or
☐ No → Go to question 12

To whom is the rent paid?

- South Australian Housing Trust ☐ 1
- Employer ☐ 2
- Other ☐ 3

What is the weekly rent?

- Include the weekly equivalent of any rates payable separately by this household, e.g. sanitation, garbage, water rates (other than excess water).

\$ c

Is this dwelling rented furnished or unfurnished?

Furnished ☐ → No more questions

Unfurnished ☐

12. Is this dwelling owned (or being purchased) by you or any usual member of this household?

☐ Yes
or
☐ No → No more questions

Is there a mortgage (or contract of sale) on this dwelling?

☐ Yes — one only
☐ Yes — more than one
☐ No → No more questions

Who holds the mortgages (or contracts of sale) on this dwelling?

	First mortgage (tick one box only)	Second and other mortgages (tick boxes which apply)
Trading bank	<input type="checkbox"/>	<input type="checkbox"/> 1
Savings bank	<input type="checkbox"/>	<input type="checkbox"/> 2
Building society	<input type="checkbox"/>	<input type="checkbox"/> 3
Life assurance company	<input type="checkbox"/>	<input type="checkbox"/> 4
Solicitor's trust fund	<input type="checkbox"/>	<input type="checkbox"/> 5
Employer	<input type="checkbox"/>	<input type="checkbox"/> 6
Finance company	<input type="checkbox"/>	<input type="checkbox"/> 7
South Australian Housing Trust	<input type="checkbox"/>	<input type="checkbox"/> 8
Local government body	<input type="checkbox"/>	<input type="checkbox"/> 9
State or Australian government	<input type="checkbox"/>	<input type="checkbox"/> 10
Defence or war service homes	<input type="checkbox"/>	<input type="checkbox"/> 11
Private lender or other source	<input type="checkbox"/>	<input type="checkbox"/> 12

What monthly payment (or average monthly payment) is made on —

- (i) The first mortgage (or contract of sale)? \$
- (ii) The second and other mortgages (or contracts of sale)? \$

HAVE YOU MISSED ANY PAGES OR QUESTIONS?

Please check

- that everyone, including babies, who spent Census Night in this household has been included on this form
- that all questions have been answered as required for each person. It is very easy to forget to tick a box or leave out information because you don't think the question applies. You should answer every question except where instructions tell you otherwise
- that the dwelling questions have been answered
- that the front page has been signed



For Collector's Use Only

1. Tick the box which best describes the structure in which this dwelling is contained —

0	1	2	3	4	5	6	7	8
Separate house	Semi-detached house	Terrace house	Mobile dwelling	Improvised dwelling	Block of flats or home units of up to and including 3 storeys	Block of flats or home units above 3 storeys	Group of villa units or town houses	Dwelling and non dwelling combined

☐ EACH ON A SEPARATE BLOCK OF LAND

2. How many dwelling units are there in the whole building?

3. If dwelling unit is unoccupied, the reason for being unoccupied —

- | | |
|---|--|
| <input type="checkbox"/> 1 For sale | <input type="checkbox"/> 5 Holiday home |
| <input type="checkbox"/> 2 To let (other than holiday home) | <input type="checkbox"/> 6 Condemned or awaiting demolition |
| <input type="checkbox"/> 3 Newly completed and awaiting occupancy | <input type="checkbox"/> 7 Usual resident temporarily absent |
| <input type="checkbox"/> 4 Vacant for repairs or alterations | <input type="checkbox"/> 8 Other |
| | → Specify |

Total persons in household i.e. listed on page 1 and on any extra Personal Slips issued.

Males

Females

Persons